

Cervical Cancer Task Force Regular Meeting

**August 28, 2014
Minutes**

Attending Task Force Members (7):

Dr. Amy Daniels, Dr. Jennifer Dillaha, Dr. Paul G. Greene, Michelle Murtha, Dr. Cynet Schroeder-Bise, Louise Scott, and Kim Wilmot.

Absent Task Force Members (5):

Dr. Nancy Andrews-Collins, Dr. Charity Fleming-Smith, Beth Ingram, Christy McCreight, and Dr. Renee Montgomery.

Arkansas Cancer Coalition (ACC):

Racheal Moore.

Arkansas Cancer Registry (ACR):

Gena Tolliver.

Arkansas Department of Health (ADH):

Dr. Appathurai Balamurugan, Joanne Jones, David Kern, and Elizabeth Pitman.

I. Call to order:

Joanne Jones, Director, ADH BreastCare Program, called the meeting to order at 3:12 p.m.

A. Welcome and Introductions:

Ms. Jones opened the meeting and briefly outlined the agenda. She noted that the Arkansas Cancer Coalition helped regroup the Cervical Cancer Task Force.

Dr. Appathurai Balamurugan, medical director of the ADH Chronic Disease Prevention and Control Branch, welcomed task force members on behalf of Dr. Nate Smith, Director, ADH, to the regrouping of the Cervical Cancer Task Force, which had been established by Arkansas General Assembly Act 1414 of 2005 and amended by Act 280 of 2009. He introduced himself and asked for attendees to introduce themselves.

Task Force members introduced themselves:

- Michelle Murtha, the lead on the Medicaid Quality Improvement team, Arkansas Foundation for Medical Care;
- Dr. Cynet Schroeder-Bise, a medical director for Arkansas Blue Cross/ Blue Shield, covering Fort Smith, Fayetteville, Mena and She represents the medical insurance industry;
- Louise Scott, Grants Manager, Arkansas Minority Health Commission;

- Kim Wilmot, Nurse Case Manager, Arkansas Department of Human Services, Medical Services Division;
- Dr. Amy Daniels, Physician in Family Practice, representing the Arkansas Academy of Family Physicians;
- Dr. Jennifer Dillaha, Medical Director, Immunizations, ADH Center for Health Protection, and Medical Advisor for Health Literacy and Communications
- Dr. Paul G. Greene, Department of Health Behavior and Education, University of Arkansas for Medical Sciences, College of Public Health, working in cancer prevention and control, especially in minority and underserved populations.

Other meeting attendees introduced themselves:

- Racheal Moore, Operations Manager, Arkansas Cancer Coalition, and Cervical Cancer Workgroup Liaison;
- David Kern, Administrator, ADH, CHA, Chronic Disease Prevention and Control Branch; taking minutes at the meeting;
- Elizabeth Pitman, ADH Deputy General Legal Counsel;
- Joanne Jones, Director, ADH BreastCare Program, and
- Gena Toliver, Assistant Program Manager/ Budget Coordinator, Arkansas Central Cancer Registry.

Dr. Balamurugan discussed the need and provided background on the task force. He said 150 women are diagnosed with cervical cancer and 50 women die of the disease each year in Arkansas. Treatment is effective if the disease is detected early, and there is work in Arkansas to be done to screen women and then treat them for cervical cancer, so that the burden of the disease can be reduced, he said.

B. Powers and Duties of Task Force members.

Ms. Pitman discussed the duties, powers and terms of task force members. Arkansas General Assembly Act 1414 of 2005 established the current task force with representatives of 12 different organizations. Current members are considered part of a new task force. Initially, current members will serve staggered terms, including six who serve three-year terms, four serving two-year terms and two members, one-year terms. When these terms expire, members will be eligible to serve additional three-year terms. There is no limit on the number of terms an individual may serve.

Ms. Pitman recommended that the Task Force elect a chair to serve a one-year term and a chair-elect to step in at the end of the current chair's term to allow for a smooth transition. She also said the task force has funds and can vote to approve reimbursement for members' travel and expenses, as state employees are reimbursed for travel and expenses. Ms. Pitman drafted a resolution for the Task Force to adopt. She said that Ms. Jones can help members seek reimbursement.

Ms. Pitman said task force members make recommendations in areas of prevention, screening, treatment and evaluation of cervical cancer to the Arkansas Breast Cancer Control Advisory Board. She said their duties are explained within Act 1414, also known as Arkansas Code Annotated (A.C.A.) 20-9-1103, a copy of which she said she would send members. The task force may also make recommendations concerning rules and regulations, which are approved by the Arkansas State Board of Health and have the effect of law, she said.

Ms. Pitman briefly discussed the Arkansas Freedom of Information (FOI) Act, which covers public records and public meetings of boards, a task force, or government group which makes recommendations or policy decisions. A public meeting consists of two or more members meeting to discuss task force business. There are notice requirements for public meetings and members of the public must be allowed to attend. If task force members call or e-mail each other, they cannot discuss anything which eventually must be voted on in a public meeting. That would be holding a meeting without giving notice and a violation of the Arkansas Freedom of Information Act, she said.

A telephone conference call is allowable, but members cannot poll or question each other by means of email, Ms. Pitman said. If there will be discussion by members, the public must be notified and members of the public must be allowed to attend to listen to the conversation. Social events are not meetings, such as lunch, when official business may not be discussed.

The ADH Legal Office will be considered the primary keeper of Task Force public records. Public records are any documents related to the Task Force and are accessible under the Freedom of Information Act, including email, text messages, letters, and all of the information provided at meetings. Records do not have to be made under the FOI Act. They must already exist. If records are not kept for particular issues, they do not have to be made, Ms. Pitman said.

Private communication is exempt from the FOI Act, however if private communication among members is comingled in an email with official Task Force communication, for example, the email becomes a public record under the FOI Act. Not all of the conversation in the email is considered a public record, and the information that is private must be taken out or redacted and the information considered a public record will have to be disclosed. Ms. Pitman said the catch is that if there is a question about whether something is a public record or not, the ADH legal team and possibly a judge or the judge's staff will look at the comingled communication. Some of these types of conversations may not be disclosed, but they will be reviewed.

She said the ADH legal staff is available to answer questions from Task Force members regarding the Arkansas FOI Act. She also distributed copies of the *Arkansas Freedom of Information Handbook, 15th Edition, January 2012*, to Task Force members for them to review.

Ms. Pitman discussed the required number of Task Force members to conduct official business. She said a Task Force quorum is seven members, which is a majority of the 12 individuals appointed to the panel. According to *Robert's Rules of Order*, a primer for conducting meetings, if a majority is not present, even if a Task Force member leaves the room for a brief time, business cannot be conducted, Ms. Pitman said.

C. Arkansas Cervical Cancer Report

Gena Toliver, Assistant Program Manager/ Budget Coordinator, Arkansas Central Cancer Registry, gave a slide presentation on the incidence, diagnosis and treatment of cervical cancer patients in Arkansas. A copy of presentation slides are attached to these minutes.

Dr. Balamurugan summarized the report. He said the good news is that incidence of mortality of cervical cancer has been decreasing for Arkansas overall and for white and black females, but disparities do exist. African-American women have higher incidence and mortality compared to white women. There could be several factors causing the disparities. Higher incidence could be due to increased screening or increased sexual behavior or a high parity, that is the number of childbirths, which increases the risk for cervical cancer. A lower incidence could also be due to less screening or detection at a later stage of disease development. Another issue is that race and ethnicity are not distinguished in reported statistics, and that may make it difficult to accurately determine incidence in the Hispanic community, he said. The Task Force could work and make recommendations on addressing disparities or reporting requirements, Dr. Balamurugan said.

D. Arkansas Cancer Plan – Cervical Cancer Chapter

Racheal Moore, Operations Manager, Arkansas Cancer Coalition, and Cervical Cancer Workgroup Liaison, discussed the Arkansas Cancer Plan – Cervical Cancer Chapter. Task Force Reports or recommendations can be included in the Plan. A copy of the draft of the Arkansas Cancer Plan, Cervical Cancer, is attached to these minutes.

Dr. Dillaha asked if work by previous Task Force members was included into the plan. Ms. Jones said a summary report and recommendations with a narrative is available from 2006 and will be given to current Task Force members as background.

Dr. Balamurugan said the cancer plan was put together by the Arkansas Cancer Coalition, a non-profit group, and its members and partners. The coalition has been compiling information for such plans for 16 years and this is the third edition of the Arkansas Cancer Plan, which also has chapters covering major cancers, such as breast, lung, skin, prostate, cervical and oral cancer.

Ms. Moore said the Coalition is interested in getting input from the Task Force and recommended that the Task Force and the Coalition concur in their recommendations. The current cancer plan, which is being revised, is on the Arkansas Cancer Coalition Web Site, <http://www.arcancercoalition.org/resources>. The cancer plan, first edition; second edition and the current third edition draft plan can be found there. She said Task Force members may insert their comments through the web site or email comments to the Coalition. Coalition members, numbering about 1,400, representing 400 organizations, will review the draft and provide feedback to the cancer plan work group. The final draft will go to the Arkansas Department of Health. The approved draft will be presented at the Arkansas Cancer Summit, which is the Coalition's annual meeting in March.

Dr. Balmurugan said the Task Force has an opportunity to influence statewide cancer policy, direct resources on priorities, and seek funding for projects.

Responding to a question about a smaller number of objectives in the current cancer plan compared with earlier cancer plans, Ms. Moore said current goal was to make sure the objectives were shorter, smarter and more attainable, and some of the objectives in the current cancer plan were not evidence-based. She said the goal of the current process was to make objectives more evidence-based, as the Centers for Disease Control and Prevention, was encouraging and to coincide with objectives in Healthy People 2020 and policy changes. The new cancer plan will be a complete overhaul from the current cancer plan.

Dr. Dillaha asked for a presentation to give the Task Force an overview of the Cancer Plan to show where cervical cancer fits into the plan.

E. Task Force Business

1. Assignment of Staggered Terms

Task Force members' terms were assigned by the drawing of numbers from a bag. Ms. Jones placed six slips of paper containing the number "3", four slips with "2" on them and two with "1" in a bag and circulated the container to each of the members present who drew a slip of paper indicating the number of years they would serve on the task force. Numbers were also drawn for absent members. The terms all start August 28, 2014.

Terms were assigned as follows:

- Three-year terms: Dr. Andrews-Collins, Dr. Dillaha, Dr. Fleming-Smith, Dr. Greene, Ms. Murtha, and Ms. Wilmot.
- Two-year terms: Ms. Ingram, Ms. McCreight, Dr. Montgomery and Dr. Schroeder-Bise.
- One-year terms: Dr. Daniels and Ms. Scott.

2. Nomination and Election of Task Force Chair

Ms. Pitman called for nominations from the members present. Dr. Dillaha nominated herself. Dr. Schroeder-Bise seconded the nomination. The nominations were closed. Dr. Dillaha was elected on a voice vote without opposition.

3. Scheduling of Meetings

Dr. Dillaha said she would like to establish a meeting schedule; meetings would probably last about an hour and a half, and she suggested that the task force meet monthly.

Dr. Schroeder-Bise said she would like to have reports and handouts ahead of meetings with enough time to review matters coming before the Task Force.

Ms. Jones said before each meeting an inquiry would be sent to members to determine if a quorum, at least seven members, will attend a meeting. She said the Task Force could also consider allowing member attendance by means of a teleconference arrangement. Prior to scheduled meetings, agenda and packets would be sent to members in advance. Ms. Jones said one of the Task Force duties was to advise the Breast Cancer Control Advisory Board, which meets quarterly and has one more meeting, October 28, this calendar year, and meetings in January, April and July in 2015.

The chair asked members to send her an email concerning dates and times when they were available to meet. Dr. Dillaha would then email them with the date and time of the next meeting. She said she would try to set a schedule of meetings for a similar time and date each month.

Dr. Dillaha said it would be good to have an overview of the proposed cancer plan to see how the work of the Task Force will fit in with the process and to look at the old cervical cancer Task Force document which was produced.

She also suggested that Task Force members look at the cancer plan from their own perspectives, so that background and issues important to them and their groups would be included in the document.

4. Approval of Travel Reimbursement

Dr. Dillaha asked for a motion to approve reimbursement to Task Force members for their travel to meetings and meals and lodging, according to the rules which Arkansas state employees follow. Ms. Murtha made the motion and Ms. Wilmot seconded it. The motion was approved unanimously. Ms. Jones said she would have TR-1 and W-9 forms sent out electronically for members to fill out and return to receive reimbursement.

5. Topics for Future Meetings

The chair suggested that the Task Force review the Cervical Cancer Chapter of the Cancer Plan and determine what changes needed to be made. Dr. Dillaha tentatively suggested a schedule of monthly meeting topics for the rest of the year:

- September – Overview of the cancer plan with presentation by ACC;
- October – Discussion of human papillomavirus (HPV);
- November – Drafting of revisions in the cancer plan, and
- December – Approval of draft changes.

II. Closing

Dr. Dillaha adjourned the meeting at 4:32 p.m.

The next regular meeting of the Task Force will be determined after task force members are polled on their availability. Dr. Dillaha will send out a notice to members concerning the next meeting.

III. Unfinished Business -- Decision on using a chair-elect process